

**APPLICATION FOR CERTIFICATE
CERTIFIED PUBLIC ACCOUNTANT
PUBLIC ACCOUNTANT
WORK EXPERIENCE VERIFICATION
APPLICATION FORM**



Department of Professional and Financial Regulation
Office of Licensing and Registration

BOARD OF ACCOUNTANCY

35 State House Station
Augusta, ME 04333-0035

Office Telephone: (207)624-8627
Hearing Impaired: (207) 624-8563
Website: www.MaineProfessionalReg.org

Office located at: 122 Northern Avenue, Gardiner, Maine

APPLICATION INSTRUCTIONS

Certified Public Accountant and Public Accountant Work Experience Verification Application

COMPLETING THE APPLICATION FORM – Answer all questions and return the following to this office:

- Work Experience Verification Application
 - Applicant must complete first page
 - Employer must complete second page
- Verification of Licensure for CPA Supervisor form (to be completed by licensing authority in the jurisdiction where the supervising CPA has an active permit to practice) This form does not apply to applicants whose supervisor is a Maine licensed CPA.
- \$50.00 Application Fee

Incomplete applications will be returned.

QUALIFICATIONS – Pursuant to 32 M.R.S.A. § 12228(10) and Board Rule Chapter 4, an applicant for initial issuance of a certificate shall demonstrate two years experience under the direction of a Certified Public Accountant licensed by any state or territory of the United States. The two years must include a minimum of 400 hours of experience in audit, review, or compilation procedures and a minimum of at least 200 hours of experience in at least one of the following: the provision of management advisory; financial advisory or consulting services, the preparation of tax returns, or the furnishing of advice on tax matters.

WORK EXPERIENCE VERIFICATION APPLICATION FORM

Revised: 4/30/04

STATE OF MAINE
DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION
OFFICE OF LICENSING AND REGISTRATION
BOARD OF ACCOUNTANCY
35 STATE HOUSE STATION
AUGUSTA, ME 04333
TEL: (207)624-8627 FAX: (207)624-8637
HEARING IMPAIRED: (207)624-8563

Office Use Only

Ck # _____

Amount: _____

Cash #: _____

4110-1446 - \$50.00

☐ Certified Public Accountant

☐ Public Accountant

APPLICATION FEE: \$50.00 (non-refundable)

PAYMENT OPTIONS:

☐ Check or Money Order Payable to "Treasurer State of Maine"

☐ Credit Card: MasterCard or VISA Only. Complete the following:

I authorize the State of Maine, Department of Professional and Financial Regulation, Office of Licensing and Registration to charge my MasterCard/VISA

□□□□ - □□□□ - □□□□ - □□□□ Expiration Date: _____/_____

in the amount of \$_____. Signature: _____

APPLICANT INFORMATION (To Be Completed by Applicant)

Name of Applicant (as it will appear on certificate): Print clearly.

Job Classification:

Contact Address:

City:

State:

Zip Code:

Social Security Number:

____ - ____ - ____

Home Telephone: (____)____-____

Work Telephone: (____)____-____

Email:

**VERIFICATION OF WORK EXPERIENCE BY A
LICENSED CERTIFIED PUBLIC ACCOUNTANT
(To Be Completed by Employer)**

[illegible]

Signature of Certified Public Accountant:	State Licensed:	License #:	Date:
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Department of Professional and Financial Regulation
Office of Licensing and Registration
Maine Board of Accountancy
35 State House Station
Augusta, ME 04333
207/624-8627

VERIFICATION OF LICENSURE FOR CPA SUPERVISOR

In order to verify your experience under the direct supervision of a CPA, this form must be completed by the licensing authority in the jurisdiction where the supervising CPA holds an active permit to practice. You are advised to check with that board before forwarding this form to determine if there is a fee or additional requirements need to be met before the information will be released. This form does not apply to applicants whose supervisor is a Maine licensed CPA.

SECTION A: To be completed by applicant. After completing Section A, submit this form to the State Board of Accountancy where the supervising CPA holds a permit to practice public accounting.

Please type or print legibly:

Applicant's Last Name	First Name	Middle Initial
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SUPERVISING CPA INFORMATION

Name of Direct Supervisor	Name of Firm/Company
Certificate Number	State Where Certified
Duration of Supervised Experience: From: _____ To: _____	
Date	Date

SECTION B: To be completed by the Board of Accountancy where the above-named supervising certified public accountant is certified and permitted to engage in the practice of public accounting, and mailed directly to the Maine Board of Accountancy at the above address.

I certify that _____, license number _____ in the State of _____ held an active permit to engage in the practice of public accounting during the entire "Duration of Supervised Experience" as specified above.

Permit First Issued: _____ Expiration Date: _____

Comments: _____

Seal

Board

Board Official Signature

Title

Date